2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

	DOCUMENT # A0200000753  1. Entity Name OIG GLOBAL PRIVATE EQUITY FUND, LTD.							MAY -3	PM 2: 58	
		e of Business PATE DRIVE, SUITE #108 ALE, FL 33334		Mailing Address 800 CORPORATE DRIVE, SUITE #108 FT LAUDERDALE, FL 33334		SECRETARY OF STATE TALLAHASSEE. FLORIDA				
	Principal Place of Business     3. Mailing Address			dress						
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01142005	Chg-LP	CR2E003 (	10/03)	
	City & Stat	6	City & State	City & State		4. FEI Number 04-3671	505		Applied For Not Applicable	
	Zip Country		Zip	Zip Country		5. Certificate of			75 Additional Required	
		6. Name and Address of Curr	ent Registered Agent	Registered Agent		7. Name and A	ddress of New F		<del></del>	
	THRISTINO, JOHN R 7745 TRIESTE PLACE DELRAY BEACH, FL 33446  8. The above named entity submits this statement for the purpose of changing its re-				Street Address (I	7. Name and Address of New Registered Agent  RISIIND, JULIAN R  S (P.O. Box Number is Not Acceptable)  D. MILIAN FL Zip Code, 96				
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				- Panéner 5-1.05					
	9. Capital Contributions as Shown on record. \$750,000,000.00 in FLORIDA to date. 19. 4, 595.92									
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.								•	
	12. GENERAL PARTNER INFORMATION						ADDRESS CH		*	
	DOCUMENT # NAME	L02000012955 ASSET MANAGEMENT GRO	UP. LLC	LLC STREET ADDRESS		-				
	STREET ADDRESS CITY-ST-ZIP	800 CORPORATE DRIVE, ST FT LAUDERDALE, FL 33334						*****************		
	DOCUMENT # NAME			STREET ADDRESS		100055363871 				
_	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		U5/26/	<del>'U5U1U2</del>	<del>2UU7 x</del>	**526.25	
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	STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP			41.		
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	STREET ADDRESS CITY-ST-ZIP	and the sale of th	22 41 22	i	r-ST-ZIP					
	the receiv	entify that the information supplied on this report is true and accurate or or trustee empowered to execute	this report as required by Cha	e the sam pter 620,	e legal effect as if m Florida Statutes	ade under oath; th	nat I am a Genera	al Partner of the li	mited partnership or	
	SIGNATURE: ALL WALLE OF SIGNING GENERAL PARTNER DATE OF SIGNING GENERAL PARTNER DATE OF SIGNING GENERAL PARTNER									